



Application for Employment

Town of Colma

1198 El Camino Real

Colma, CA 94014

☎ (650) 997-8300 Fax (650) 997-8308

Department Use Only

Date Received _____

Accept _____

Late _____

No _____

Interview Date _____

Please type or print with blue or black ink.

Position applied for _____

Date of Application ____/____/____

Name _____
First Middle Last

Address _____
Street Number and Name Apt. City State Zip

Telephone _____ Other Phone _____ Social Security # _____

Have you ever worked for the Town of Colma? _____ If yes, give dates _____ Department _____

Are you a citizen of the United States? Yes _____ No _____ If not, do you have a work permit from the U.S. Immigration and Naturalization Service? Yes _____ No _____ Permit No. _____ (Proof required)

Type of employment desired: Full-time _____ Part-time _____ Temporary _____ Seasonal _____ Volunteer _____

EDUCATION

High School Graduate?	Yes _____	No _____	If no, circle highest year completed:											
High School Equivalency?	Yes _____	No _____	1	2	3	4	5	6	7	8	9	10	11	12
	Name and Location	Major Subjects	Dates	Graduate?	Degree/Cert.									
High School														
College or University														
Graduate School														
Vocational or Spec. Training														
Professional License or Certificate (If applicable)			Certificate Number	Date Issued	Date Expires									

Office Skills: Typing Speed _____ Computer programs _____

Languages _____ Other _____

Have you ever been convicted of any violation of the Law, excluding traffic violations? A conviction is not necessarily a bar to employment. Each case will be given individual consideration, based on relevance to the position. Yes _____ No _____

If yes, explain. _____

Has your Driver's License ever been suspended or revoked? (Required for positions that require driving.) Yes _____ No _____

If yes, explain. _____

Drivers License No. _____ State _____ Expiration Date _____

Are you related to any person employed by the Town of Colma? Yes _____ No _____

Name _____ Relationship _____ Dept./Position _____

Were you ever discharged or forced to resign from any position? Yes _____ No _____

If yes, explain. _____

EMPLOYMENT HISTORY

Starting with the present or most recent experience, provide the following information for all employment during the past 10 years. You may attach a resume or a supplemental sheet, but this section must be completed. Include volunteer employment if applicable.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes _____ No _____

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR (NAME AND TITLE)		JOB DUTIES AND RESPONSIBILITIES	
MONTHLY SALARY START \$ _____ FINAL \$ _____			
REASON FOR LEAVING			

CERTIFICATION OF APPLICANT (Carefully read before signing): I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or dismissal from employment. I agree to conform to the rules and regulations of my employer. I consent to and authorize the Town of Colma to ask for information concerning me. I further understand that I may be fingerprinted, required to submit to a complete medical examination, to a psychological test and to furnish such proof of age and education as may be requested, or otherwise investigated prior to appointment. I release all parties and persons connected with any request for information from all claims, liabilities, damages for whatever reason arising out of furnishing this information. 0

Signature _____ Date _____/_____/_____



**TOWN OF COLMA
HUMAN RESOURCES DEPARTMENT
1198 EL CAMINO REAL
COLMA, CA 94014**

SUPPLEMENTAL DATA SHEET

Position Applied For:

Date:

How did you learn about this job?

☐ Newspaper, Web site or Professional Journal Advertisement (Name) _____

☐ Employment Agency ☐ Friend ☐ Relative ☐ Walk-in ☐ Other _____

Periodic reports are made to the government on the following. The information will be immediately detached from your application and kept confidential. (See below for explanations and coding definitions.) Your submission of the information is encouraged but not required. **NOTE: If you do not wish to complete the remainder of this form, please check here.** ☐

Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Special Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race/Ethnic Group: <input type="checkbox"/> African-American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native (Check One) <input type="checkbox"/> Hispanic <input type="checkbox"/> White	

- A. "Veteran of the Vietnam-era"** means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964, through May 7, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than an dishonorable discharge, or (ii) was discharged or released from active duty because of a service connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.
- B. "Special Disabled Veteran"** means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service connected disability.
- C. "Disabled"** individual means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. For purposes of this part, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a physical/mental disability.
- D. Race/Ethnic Groups:**
- 1. African-American, not of Hispanic Origin.** Persons having origins in any of the racial groups of Africa.
 - 2. Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, India, and Samoa.
 - 3. American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
 - 4. Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
 - 5. White, not of Hispanic Origin:** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.